CASE STUDY | BEHAVIORAL HEALTH

98% of aged claims resolved. 99.9% of claims accepted.

How Advantum resolved a $2.06M billing backlog for a behavioral health provider and kept new claims clean.

98%
Of 6,447 original claims resolved

96%
Reduction in largest payer AR, from $712K to $29K

99.9%
Service line acceptance rate, up from 93.3%

10 days
Median time to bill, down from 246 days

Executive summary

Advantum took on 6,447 unpaid claims worth $2.06M in billed charges for a behavioral health provider with a significant billing backlog. Advantum's approach was to identify why payments had stalled before working individual accounts. By June 2026, **98% of the backlog was resolved** through payment, correction or adjustment, the largest payer balance was down 96% and the median time to bill a claim had dropped from 246 days to 10.

The challenge

Late-2023 visits were reaching payers a median of eight months after the date of service, and 5,559 claims, 85% of the book, reached payers in August and September 2024. Because payer filing limits start at the date of service, 2,601 claims worth $939K were more than 120 days old and at or approaching timely filing limits.

The largest payer held nearly half of the oldest dollars, and the service line acceptance rate was 93.3% in October 2024. Leadership needed to know how much revenue was still recoverable, where payer exposure was concentrated and what was driving denials and delays.

5,559
Claims that reached payers in August and September 2024

$939K
On 2,601 claims more than 120 days old

The solution

Advantum tied nearly every aged claim to a root cause, a next step and an owner, checking payer portals and calling payers directly. That turned thousands of accounts into a short list of payer-level fixes.

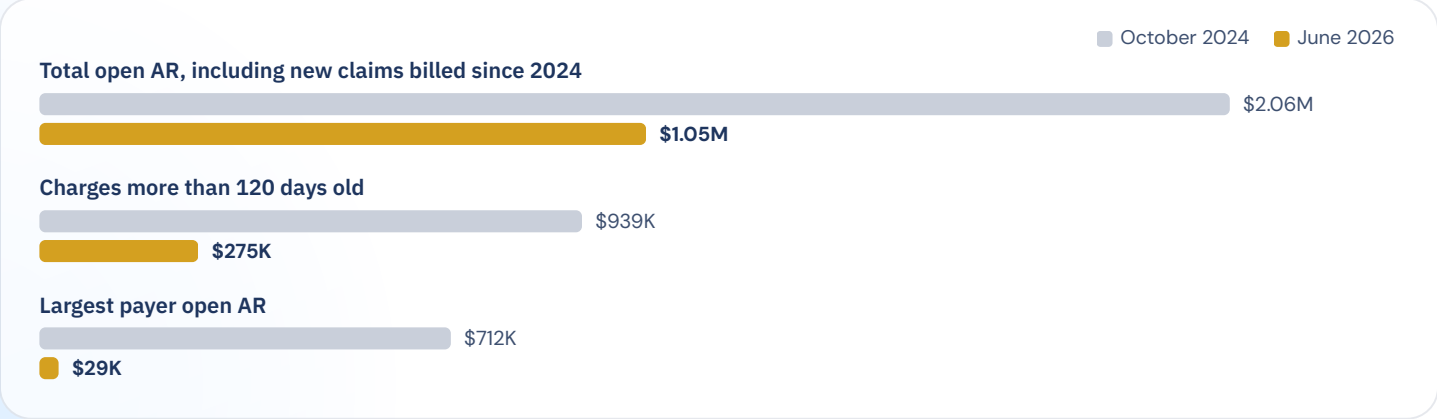
COMMON ROOT CAUSES

- Clinician enrollment gaps
- Authorization requirements
- Network participation
- Payer-specific billing rules

Recoverable claims were corrected, rebilled or appealed. Items requiring provider action, such as enrollment updates, were shared with leadership with claim-level detail. Rejections were reported monthly and traced to their source, so new claims stayed clean while the backlog was resolved.

The results

The backlog moved from a time-sensitive recovery effort to a largely current AR portfolio, supported by faster billing and a 99.9% acceptance rate.



Service line acceptance rate

93.3% → **99.9%**

Median days from service to claim

246 days → **10 days**

Dollar figures reflect billed charges. The June 2026 acceptance rate is the October 2025 to June 2026 average. Median days compare open claims in each snapshot.

Of the 6,447 original claims, 115 remain open, and 74% of all open claims were billed since April 2026, so AR follow-up is now a current-workflow process. The largest remaining provider-side items relate to enrollment and contracting with two national payers, and those are the current focus.

Facing an aged AR backlog?

Advantum will identify the root causes, quantify the opportunity and build a path to recovery.

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